

Change of Investment Order for Income Stream payments

Who should use this form?

You should complete this form if:

- You are a **Working Income Stream** or **Retirement Income Stream** member, and
- You want to change the order in which your income stream payments are deducted from your investment options in your account.

Before you start

If you have more than one Income Stream account, the choice you have made on this form will apply to all of your accounts, unless otherwise specified. If you want to make a different choice for each account, you must complete a separate form for each account. This change will take effect from the first income payment after ESSSuper receives your completed form.

If you have a Member's Online Account, confirmation of your investment option selection can be found in your transaction history and once the selection takes effect it can be viewed on your investment summary page.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1

Your personal details

Member number	<input type="text"/>																					
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	(please specify)	<input type="text"/>															
Surname	<input type="text"/>																					
Given names	<input type="text"/>																					
Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>																
Postal address	<input type="text"/>																					
	Suburb <input type="text"/>																					
	State <input type="text"/>			Postcode <input type="text"/>																		
	<input type="checkbox"/> Mark with an [X] if your postal and residential address are the same. If your residential address is different, please specify below.																					
Residential address	<input type="text"/>																					
	Suburb <input type="text"/>																					
	State <input type="text"/>			Postcode <input type="text"/>																		
Telephone (business hours)	(<input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(after hours)	(<input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (mobile)	<input type="text"/>																					
Email address	<input type="text"/>																					



By providing your email address you are authorising ESSSuper to send communications to that address. This authorisation will apply until it is revoked by you.

Section 2

Payment order for income stream payments

When my **income stream payments** are made, I want my investment option balances to be reduced in the order I have specified below (please choose ONE of the following three options):

OPTION 1: The default order

(Cash, Defensive, Conservative, Balanced, Growth, Basic Growth, Ethically Minded, High Growth and Shares Only).

OR

OPTION 2: Proportionately based on the amounts currently invested in each investment option

OR

OPTION 3: In the order I have specified below:

If you have selected **OPTION 3**, please number ALL boxes below from 1 to 9 (e.g.) , with 1 being the first option from which income payments are made (Note: The default order will be applied to any investment options that are not numbered).

Standard Options

Shares Only

High Growth

Growth

Balanced

Conservative

Defensive

Cash

Alternative Options

Basic Growth

Ethically Minded

Section 3

Declaration

- I acknowledge that information regarding my investment options is contained in the *Income Stream Product Disclosure Statement* available from ESSSuper.
- I understand the information provided by ESSSuper is of a general nature and does not constitute personal financial advice.
- I accept the investment risks and returns of the investment choice I have made and understand that neither the Emergency Services Superannuation Board nor the Victorian Government is responsible for the decision I have made.
- I understand that the investment choice I have made on this form will apply until I make a new investment choice.

Signature of
account holder



PLEASE SIGN HERE

Date

 / /

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001

T 1300 650 161 | esssuper.com.au

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